

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/965,374
Filing Date	September 26, 2001
First Named Inventor	Jeffry Harlow LOUCKS
Art Unit	2195
Examiner Name	Jennifer N. To
Attorney Docket Number	PALM-3612

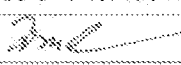
Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal (pages)
<input type="checkbox"/> Credit Card Payment Form (pages)
<input type="checkbox"/> Reply to Office Action (pages)
<input type="checkbox"/> After Final
<input checked="" type="checkbox"/> Petition for Extension of Time – 1 month (1 page)
<input type="checkbox"/> Information Disclosure Statement (2 pages)
<input type="checkbox"/> Form PTO/SB/08A (1 page)
<input type="checkbox"/> Copy(ies) of Document(s) Listed on Form PTO/SB/08A (pages)
<input type="checkbox"/> Response to Notice to File Missing Parts (pages)
<input type="checkbox"/> Fully-Executed Declaration (pages)
<input type="checkbox"/> Copy of Notice (pages)
<input type="checkbox"/> Assignment Cover Sheet (pages)
<input type="checkbox"/> Fully-Executed Assignment (pages)
<input type="checkbox"/> Revocation of Power of Attorney, Grant of New Power of Attorney, and Change of Correspondence Address (2 pages) | <input type="checkbox"/> Drawings – FIGS. 1- (pages)
<input type="checkbox"/> Petition (pages)
<input type="checkbox"/> Terminal Disclaimer (pages)
<input type="checkbox"/> Request for Refund (pages)
<input type="checkbox"/> After Allowance Communication (pages)
<input type="checkbox"/> Notice of Appeal (pages)
<input checked="" type="checkbox"/> Appeal Brief (pages)
<input type="checkbox"/> Status Inquiry (pages)
<input type="checkbox"/> Change of Attorney Docket Number (1 page)
<input type="checkbox"/> Other Enclosure(s):

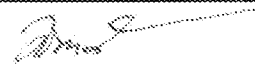
Remarks: |
|--|--|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Thomas M. Isaacson		
Signature			
Printed Name	Thomas M. Isaacson		
Date	January 27, 2006	Reg. No.	44,166

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Transmittal Form and the above-identified correspondence are being facsimile transmitted to the USPTO's Central FAX Number (571-273-8300) of submitted via the EFS system on the date shown below:

Signature			
Typed or printed name	Thomas M. Isaacson	Date	January 27, 2006